

DORAL DIGEST

NATIONAL PROVIDER IDENTIFIER (NPI)

Doral would like to inform you of an upcoming change announced by The Department of Health and Human Services. As an initiative authorized by the Health Insurance Portability and Accountability Act of 1996 all providers will be required to obtain for a National Provider Identifier.

As you may be aware, the National Provider System, or NPS, will be a common identification system under federal direction. This is being implemented to improve adaptability to new technologies, resulting in increasing efficiency and accuracy when working with healthcare and government regulatory organizations.

As a participating dental provider, you have been identified as a 'covered entity' Health Care Provider, as defined by HIPAA, and will be required to obtain an NPI for all transactions, **including** paper claims. The standard ADA claim form has also been modified to include a field for your NPI number, which is Field #54. Therefore, you will be required to obtain an individual NPI and when appropriate, a group or subpart

NPI to participate with Doral, even if you do not use electronic transactions. Please note the following regarding the NPI:

- a. An incorporated organization that uses HIPAA standard transactions is required to get an organizational NPI.
- b. Subparts of an organization (ex. locations) that send/receive their own HIPAA standard transactions are required to get a subpart NPI.
- c. Sole proprietorships are not eligible for organizational or subpart NPIs.

The date to begin using NPIs in all related transactions is **May 23, 2007**. Per the current contract with our MCO's and state government contracts, if Doral does not have a NPI for a dental provider by May 23, 2007, we will be unable to pay claims until a NPI is received. Therefore, if you have not already done so, you should apply for and provide your individual, group and/or subpart NPI to Doral by **April 13, 2007**.

Providers should apply for this number(s) through the Department of Health and Human Services. To apply for a National Provider Identifier please visit <https://nppes.cms.hhs.gov>. By clicking on the link for National Provider Identifier (NPI) you will be directed to the online application. You will then be guided through the application process. Please print out and mail your NPI to the following address:

Doral Dental USA, LLC
Attn: Provider Data
12121 N. Corporate Parkway
Mequon, WI 53092

***Please indicate if the NPI applies to the individual, organization, or subpart.**

Thank you in advance for your cooperation and in helping Doral maintain compliance with state and federal regulations.



APPOINTMENT STANDARDS

In order to better serve your patients and our Members please note as a reminder that there are access to care standards, which are also outlined in your contract. It is important that appointments are offered in a timely manner for routine/initial, urgent and emergent care. These standards are typically state requirements and are audited by Doral and our clients.

In addition, Doral requires that Providers shall ensure twenty-four hour coverage.

Coverage can include, but not limited to, the following:

- Answering service that gives the member a timeframe to expect a call back from provider
- Answering machine that gives the member a timeframe to expect a call back or includes a page/telephone number where provider can be reached for emergencies.

These helpful tips will be appreciated by your patients and will help ensure that your contractual obligations are met.

Please remember to comply with our audit/survey so that Doral can monitor the success of our Providers and efficiently monitor practices that are not able to meet the standards so that an alternative appointments can be made for Members if the care can not be met in the time specified. If your office is experiencing difficulty in reaching the above standards please inform Doral.

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DIAGNOSTIC RADIOGRAPHS: A KEY TO EFFICIENT AUTHORIZATION SUBMISSION

Each of us knows the frustration of viewing inadequate radiographs. Without proper imaging, diagnosis is incomplete, inaccurate or impossible. Poor quality radiographs need to be retaken, wasting time, materials and dollars and exposing patients to unnecessary radiation. Good risk management dictates diagnostic quality radiographs as part of an acceptable patient record. The purpose of this article is to highlight guidelines for taking and submitting radiographs for benefit determination.

Use proper developing and duplication techniques.

Have standards and staff training to ensure that radiographs and duplicates are of diagnostic quality (good contrast, not overlapped or distorted). The developer and duplicator must function properly to produce radiographs that accurately represent decay and other pathology. Poor quality radiographs preclude adequate review by Doral's clinical staff.

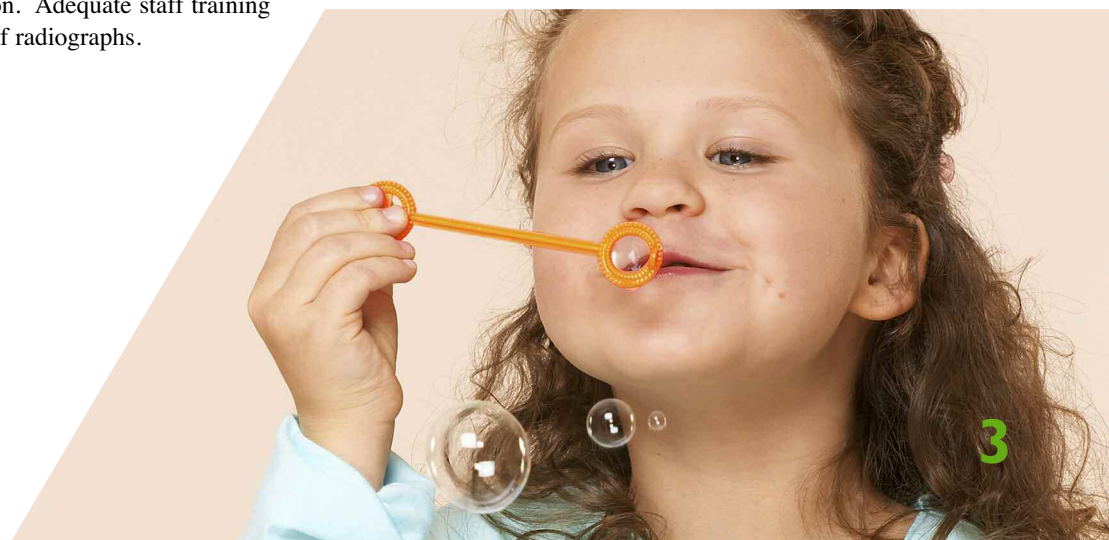
Label and submit radiographs properly.

Label radiographs (including duplicates) with tooth numbers, date taken and the patient's name. Note RIGHT and LEFT on panoramic radiographs so benefit examiners and consultants can accurately review the case. Supernumerary teeth and cysts may be difficult to see; please label (or circle with a pencil) to simplify and speed up the review process. Also, please submit the appropriate radiographs needed to review for benefit determination. Adequate staff training is essential to ensure proper submission of radiographs.

Take appropriate radiographs.

Take only the radiographs needed to adequately and completely diagnose all areas being surveyed. In some markets, periapicals and bitewings are sometimes reimbursed as a full mouth series, leading to denial (due to benefit limitations) of future radiographic benefits. For example, a panoramic film taken prematurely can preclude benefits for one taken at a more diagnostically opportune time. Please refer to your Office Reference Manual for clarification or requirements in your market.

Proper developing and duplication techniques, labeling and appropriate radiographs are imperative to meet patients' treatment needs in a timely, efficient manner. We do not wish to waste your staff's valuable time re-submitting authorizations because of radiographic misunderstandings. When appropriate diagnostic radiographs are submitted along with the required paperwork, we at Doral can efficiently determine medical necessity and benefits, thus enabling your patients to receive the quality care you strive to provide.





THE PAYER OF LAST RESORT

Occasionally offices will encounter a situation in which a member has additional insurance coverage. The reasons for this can vary widely. As a contracted provider with the Medicaid program there are some key policies that you need to be aware of. If a member has benefits under another insurance policy, Medicaid is the “Payer of Last Resort” and the other insurance the primary carrier.

What this means is that any other insurance must be billed prior to Medicaid. If the amount paid by the primary insurance is more than the rates listed in the Office Reference Manual or Provider Contract, no additional payment will be made by Doral.

If you think Medicaid will pay an amount over the primary insurance payment you can send a claim to Doral for consideration once payment is received from the primary insurance. A copy of the primary insurance explanation of benefits must be attached to the claim. Doral will review the claim and consider whether additional payment is due.

If you have additional questions about how to coordinate benefits for multiple insurances, please contact Doral’s Provider Relations Department @ 1.800.341.8478.



ACCURATE CLAIM SUBMISSIONS

To ensure that Medicaid dollars are appropriately used, Doral monitors claim submissions for accuracy. Doral periodically reviews benchmarks for all network providers and requests Member records to assess concerns of inaccurate claim submission and aberrant billing patterns.

To avoid delayed payments, and possible recoupments, the following guidelines are suggested:

Educate office staff to accurately submit claims by:

- Avoiding upcoding (billing for a more complex treatment when a less complex treatment was rendered);

- Avoiding unbundling (billing separately for component parts of treatment rather than grouping services into one appropriate dental code);

- Keeping up to date with Current Dental Terminology

Review and adhere to the policies outlined in the Office Reference Manual, including:

Billing	Cannot balance bill Member Must bill on date of treatment completion (insertion of crown, partial denture, root canal fill)
Credentialing	Only credentialed providers can treat Members

If appropriate, please include a short narrative describing special treatment circumstances.

Doral appreciates and thanks you for your commitment to serve our Member community.





MEDICAL NECESSITY

Medicaid only pays for services it considers to be medically necessary for diagnosing and treating a dental condition. What a dental professional considers medically necessary from a clinical perspective may not match what Medicaid considers medically necessary from a reimbursement perspective, and the dentist needs to be aware of the difference. The fact that a dentist prescribes treatment does not make it a compensable benefit under Medicaid.

To prove medical necessity for any dental service whether required for prior authorization, prepayment or retrospective review for an audit, the following documentation should be available and present in the patient record:

1. Diagnostic dental x-rays should be labeled right or left and the date x-rays were taken. (Duplicate x-rays should be labeled the same way)
2. Patient complaints, symptoms, clinical observations, assessments and x-ray findings should be documented in the patient's record.
3. The dental professional signature or initials should accompany all patient treatment note entries.
4. All referrals should include the name of the referring provider, date, reason for the referral and the referring dentist's name.
5. All treatment provided must be written legibly in the patient record. If it is not legible, it may not be compensable by Doral. Bill for services actually provided. And, space maintainers, crowns, dentures and bridges should be billed on the day they are delivered not the date the impression was taken. If billed services do not have adequate support documentation, Doral will recover payment from a future remittance.

Complete documentation in the patient record should be part of good risk management program to ensure appropriate and continuation of care.
General Rule: Document. Document. Document.

AUTHORIZATION DETERMINATIONS

Doral guides its internal operations by a policy of strict adherence of refraining from interfering with the clinical decisions of its Dental Directors and Benefit Examiners by any kind of financial incentives or any other encouragement. The Dental Directors and Benefit Examiners' purpose is to ensure that each member's benefit is considered individually according to established practice guidelines.

THANK YOU

Doral would like to take this opportunity to thank the following providers for their dedication and commitment they have demonstrated in serving the members in their community by participating in local health fairs. It is through the services they provide that allow the members eligible in Doral's Programs to improve their oral health through quality dental care.

Jerry Bennett, D.D.S. – Valdosta, GA
Ray Duke, Jr., D.M.D. – Americus, GA
Henry D. Forston, Jr., D.D.S. – Thomasville, GA
Matthew Kirkley, D.M.D. – Augusta, GA
Calvin Wilson, D.D.S. – Clinton, MD
Charles Wildfred, D.D.S. – Landover, MD
Tanzania Davis, D.D.S. – Bowie, MD
Jun Park, D.D.S. – Katonsville, MD

Patricia Van Story, D.D.S. – Axon Hill, MD
Tamika Shockley, Dental Hygienist – Bowie, MD
J.A. Stoddart, D.D.S. – Crofton, MD
Lisa Eisenbath, Dental Hygienist – Chesterfield, MO
Dorjean Komlosy, Dental Hygienist – Chesterfield, MO
Randy Adams, D.D.S. - Richmond, VA
Anne Adams, D.D.S. - Richmond, VA
Edward Griggs, III, D.D.S., P.C. - Midlothian, VA



CONTACT INFORMATION

Doral Customer Service

800.341.8478

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions

Via Email

- Electronic Technical Support
eclaims@doralusa.com
- Claims Payment Questions
denclaims@doralusa.com
- Eligibility or Benefit Questions
denelig.benefits@doralusa.com

Utilization Review

800.294.9650

ddusa_um@doralusa.com

Provider Web Questions

800.341.8478, option 7

www.doralusa.com

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